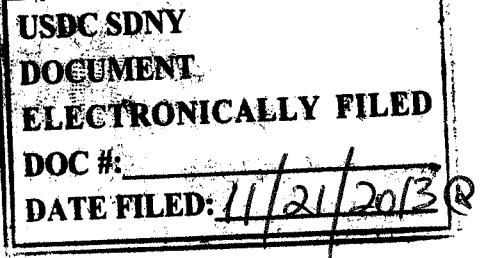


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK



**DENNIS SIMON,**

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

**BROOKLYN NARCOTICS DIVISION**

**CITY OF NEW YORK**

**244-245 GLENMORE AVENUE  
BROOKLYN, NEW YORK 11207,**

**P.O. FRIENDLY, P.O. FINNEGAN,**

**P.O. JOHNSON, SGT. THOMAS,**

**P.O. NACELEWICZ, P.O. WOODS,**

**P.O. CHATMAN, P.O. ORTEGA,**

**P.O. REYNOLDS, P.O. JOHN DOE, #140095**

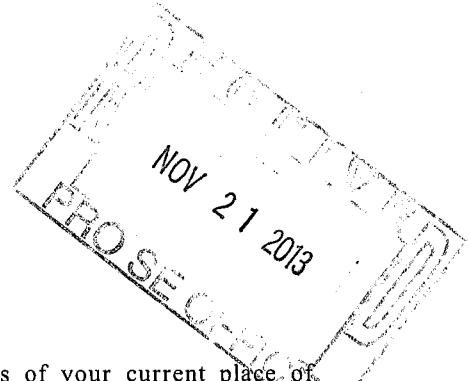
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**AMENDED  
COMPLAINT**

under the Civil Rights Act,  
42 U.S.C. § 1983

Jury Trial:  Yes  No  
(check one)

**13 Civ. 6545 ( )**



**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name DENNIS RSIMONY  
ID# 13R0259  
Current Institution CAPE VINCENT CORRECTIONAL FACILITY  
Address 36560 STATE ROUTE 12E, P.O. BOX #739  
CAPE VINCENT, NEW YORK, 13618-0739

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name P.O. FINNEGAN Shield # \_\_\_\_\_  
Where Currently Employed BROOKLYN NARCOTICS DIVISION  
Address 244-245 GLENMORE AVENUE  
BROOKLYN, NEW YORK, 11207

Defendant No. 2 Name P.O. FRIENDLY Shield # \_\_\_\_\_  
 Where Currently Employed BROOKLYN NARCOTICS DIVISION  
 Address 244-245 GLENMORE AVENUE  
BROOKLYN, NEW YORK, 11207

Defendant No. 3 Name P.O. JOHNSON Shield # 4104  
 Where Currently Employed BROOKLYN NARCOTICS DIVISION  
 Address 244-245 GLENMORE AVENUE  
BROOKLYN, NEW YORK, 11207

**Who did what?**

Defendant No. 4 Name SGT. THOMAS Shield # 5a03  
 Where Currently Employed BROOKLYN NARCOTICS DIVISION  
 Address 244-245 GLENMORE AVENUE  
BROOKLYN, NEW YORK, 11207

Defendant No. 5 Name P.O. NACELEWICZ Shield # 6511  
 Where Currently Employed 244-245 GLENMORE AVENUE  
 Address BROOKLYN, NEW YORK, 11207

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Events took place in Plaintiffs place of residence (SEE ORIGINAL CIVIL COMPLAINT)

B. Where in the institution did the events giving rise to your claim(s) occur?

\_\_\_\_\_

C. What date and approximate time did the events giving rise to your claim(s) occur?

\_\_\_\_\_

\_\_\_\_\_

D. Facts: Doctor Carolyn Boltin, MD, concluded that "there is an acute comminuted fracture involving the left orbital floor with approximately 8mm of inferior displacement of the major fracture fragment. The adjacent inferior rectus muscle mildly assymmetrically enlarged suggesting hematoma. There is mucosal thickening and an air-fluid level within the left maxillary sinus. There is a significant amount of subcutaneous and preseptal emphysema adjacent to the left orbit. No other fracture is identified." Rev. 01/2010

What happened to you?

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**(NO OTHER PARTIES WERE INVOLVED IN THE INCIDENT OTHER THAN THE PLAINTIFF)**

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Was anyone else involved?

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Who else saw what happened?

**III. Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

~~Doctor Carolyn Boltin, MD, concluded that: "There is an acute comminuted fracture involving the left orbital floor with approximately 8 mm of inferior displacement of the major fracture fragment. The adjacent inferior rectus muscle appears mildly asymmetrically enlarged suggesting hematoma. Correlate clinically for entrapment. There is mucosal thickening and an air-fluid level within the left maxillary sinus. There is a significant amount of subcutaneous and preseptal emphysema adjacent to the left orbit. No other fracture is identified."~~

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**IV. Exhaustion of Administrative Remedies:**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes        No  X

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No  Do Not Know \_\_\_\_\_

If YES, which claim(s)?

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D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_\_ No  **(NOT APPLICABLE)**

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No  **(NOT APPLICABLE)**

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?  
**(NOT APPLICABLE)**

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1. Which claim(s) in this complaint did you grieve?

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**(NOT APPLICABLE)**

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2. What was the result, if any?

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**(NOT APPLICABLE)**

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3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

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**(NOT APPLICABLE)**

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

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**(NOT APPLICABLE)**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

**(NOT APPLICABLE)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

**GRIEVANCE PROCESS IS NOT APPLICABLE IN THAT THE INCIDENT  
TOOK PLACE AT PLAINTIFFS PLACE OF RESIDENCE (SEE THE  
AFOREMENTIONED ORIGINAL CIVIL COMPLAINT IN ITS ENTIRETY)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). **DUE TO THE INJURIES SUSTAINED, ALONG  
WITH THE CIVIL RIGHTS VIOLATIONS THEREIN PLAINTIFF SEEKS DAMAGES IN THE  
AMOUNT OF \$5,000,000,00 (FIVE MILLION DOLLARS) IN ADDITION TO \$2, 500, 00 0  
(TWO MILLION FIVE HUNDRED THOUSAND DOLLARS) IN PUNITIVE DAMAGES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**VI. Previous lawsuits:**

On these claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff (None)

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

(Not Applicable)

3. Docket or Index number (Not Applicable)

4. Name of Judge assigned to your case (Not Applicable)

5. Approximate date of filing lawsuit (Not Applicable)

6. Is the case still pending? Yes  No (Not Applicable; No Previous Case Pending)

If NO, give the approximate date of disposition (Not Applicable)

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) (Not Applicable)

On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff (Not Applicable)

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) (Not Applicable)

3. Docket or Index number (Not Applicable)

4. Name of Judge assigned to your case (Not Applicable)

5. Approximate date of filing lawsuit (Not Applicable)

6. Is the case still pending? Yes        No x (**NO PREVIOUS CASES PENDING/FILED**)  
If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there  
judgment in your favor? Was the case appealed?)  
(Not Applicable)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_ day of NOVEMBER, 2013.

Signature of Plaintiff

D.S.

Inmate Number

13R0259

Institution Address

**Cape Vincent Correctional Facility**  
**36560 State Route 12E, P.O. Box #739**  
**Cape Vincent, New York, 13618-0739**

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_ day of NOVEMBER, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

D.S.

**DENNIS SIMON**

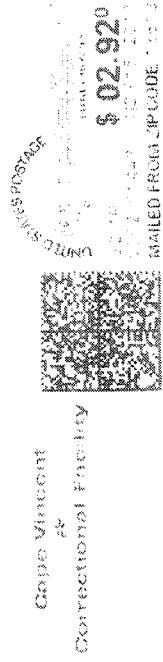
**13R0259**

**CAPE VINCENT CORRECTIONAL FACILITY**  
**36560 STATE ROUTE 12E, P.O. BOX#739**  
**CAPE VINCENT, NEW YORK, 13618-0739**

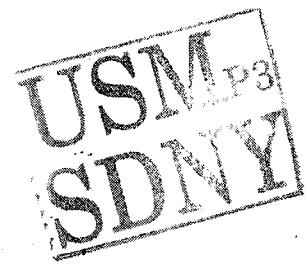
Dennis Simon

139057  
CAPE VINCENT COE  
36560 STATE ROUTE 1QE P.O. Box #739  
CAPE VINCENT, NY 13618-0739

139057



CLERK  
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
U.S COURTHOUSE - 500 PEARL STREET  
NEW YORK, N.Y 10007



LEGAL MAIL